PTO/SB/21 (01-08)

Approved for use through 03/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/580,197 TRANSMITTAL Filing Date May 23, 2006 **FORM** First Named Inventor Gerd Anton THIRY Art Unit 3745 **Examiner Name** T. E. Lazo (to be used for all correspondence after initial filing) Attorney Docket Number 51303 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)											
V	[7]	smittal Form		Drawing(s) Licensing-related Papers			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC				
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks Substitute Specification Marked-Up Specification Postcard Receipt			(Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):					
		SIGNA	TURE (OF APPLICANT, ATT	ORNEY, C	R AG	ENT				
Firm Name				& Goodman, L.L.P. (Customer No. 01609)							
Signature M		May Bus	May Buts								
Printed name		Mark S. Bicks									
Date		May 9, 2008		Reg. No.	28,770)					
CERTIFICATE OF TRANSMISSION/MAILING											

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Typed or printed name

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PTO/SB/17 (10-07)

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Fees pursuant to the C													
FEE 1													
	Filing Date May 23, 2006												
	First Named I												
Applicant claims	small entity st	atus. See 37	CFR 1.27	Examiner Nan	ne	T. E. Lazo							
				Art Unit		3745							
TOTAL AMOUNT OF	PAYMENT	(\$)	120	Attorney Dock	et No.	51303							
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 18-2220 Deposit Account Name:													
For the above	-identified depo	sit account, t	he Director is he	reby authorized	to: (check	all that ap	pły)						
Charge	fee(s) indicate	d below		Cha	rge fee(s)) indicated I	oelow, e	xcept for	the filing fee				
			erpayments of fe	ee(s) Cree	dit any ov	erpayment	s						
under 3 WARNING: Information	37 CFR 1.16 ar	d 1.17 v become pub	olic. Credit card in		•			Provide cre	dit card				
information and author													
FEE CALCULATION	N			-									
1. BASIC FILING,													
	FILIN	IG FEES Small Ent		RCH FEES EX. Small Entity		AMINATION FEES Small Entity							
Application Type	Fee (Fee (\$)	Fee (\$	Fee (\$)	Fee		(\$)	<u>Fee</u>	es Paid (\$)				
Utility	310	155	510	255	21	0 10	5						
Design	210	105	100	50	13	0 6	5						
Plant	210	105	310	155	16	0 8	0						
Reissue	310	155	510	255	62	0 31	0						
Provisional	210	105	0	0		0	0						
2. EXCESS CLAIF	W FEES			•		_	-	Small E					
Fee Description	. 20 (:	- Daisausa)				E	<u>ee (\$)</u> 50	<u>Fee (</u> 25					
Each claim over Each independe							210	105					
Multiple depend		J (meraam	g Reissues)				370	185					
Total Claims	Extra C	laims F	ee (\$) Fe	e Paid (\$)			Multiple Dependent Claims						
10 20 or			50 =	=0			Fee (\$) Fee Paid (\$)						
HP = highest number	•			n Daid (\$)									
<u>Indep. Claims</u> 1 - 3 or ⊦	Extra C IP = 0		<u>Fee (\$) Fee</u> =	e Paid (\$) 0									
HP = highest number of independent claims paid for, if greater than 3.													
3. APPLICATION	3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer												
listings under	37 CFR 1 52	gs exceed in (e)) the apr	olication size fe	e due is \$260	(\$130 fc	r small en	tity) fo	r each ad	ditional 50				
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)													
100 = / 50 = (round up to a whole number) x =													
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)													
Other (e.g., late filing surcharge): 1-Month Extension of Time 120													
Signature Registration No. (Attorney/Agent) 28,770 Telephone (202) 659-9076													
Name (Print/Type) Mark S. Bjøks (Attomey/Agent) 28,770 (202) 039-9070													

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